



2003

MEDICARE HOSPITAL INSURANCE (PART A) COVERED SERVICES

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
HOSPITALIZATION Semiprivate room and board, general nursing and other hospital services and supplies. (Medicare payments based on benefit periods <i>See comments 1 & 2</i>)	First 60 days	All but \$840	\$840
	61st to 90th day	All but \$210 a day	\$210
	91st to 150th day (<i>60 reserve days may be used only once</i>)	All but \$420 a day	\$420
	Beyond 150 days	Nothing	All costs
SKILLED NURSING FACILITY CARE Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies (Medicare payments based on benefit periods <i>See comments 1 & 2</i>)	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$105 a day	up to \$105 a day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements for home health care benefits.	100% of approved amount; 80% of approved amount for durable medical equipment.	Nothing for services; 20% of approved amount for durable medical equipment.
HOSPICE CARE Pain relief, symptom management and support services for the terminally ill.	For as long as doctor certifies need.	All but limited costs for outpatient drugs and inpatient respite care.	Limited cost sharing for outpatient drugs and inpatient respite care.
BLOOD****(see part B) When furnished by a hospital or skilled nursing facility during a covered stay.	Unlimited during a benefit period if medically necessary.	All but first 3 pints per calendar year.	For first 3 pints.

1 - Neither Medicare nor Medigap insurance will pay for most nursing home care.

2 - A benefit period begins the first day you receive a Medicare-covered service in a qualified hospital. It ends when you have been out of a hospital or other facility that primarily provides skilled nursing or rehabilitation services for 60 days in a row. It also ends if you remain in a facility (other than a hospital) that primarily provides skilled nursing or rehabilitation services, but do not receive any skilled care there for 60 days in a row. If you enter a hospital again after 60 days, a new benefit period begins.



2003

MEDICARE MEDICAL INSURANCE (PART B) COVERED SERVICES

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
MEDICAL EXPENSES Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment and other services	Unlimited if medically necessary	80% of approved amount (after \$100 deductible). 50% of approved amount for most outpatient mental health services	\$100 deductible,* plus 20% of approved amount and limited charges above approved amount.** 50% for most outpatient mental health services
CLINICAL LABORATORY SERVICES Blood test, urinalysis, and more.	Unlimited if medically necessary	Generally 100% of approved amount.	Nothing for services
HOME HEALTH CARE*** Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services.	Unlimited as long as you meet Medicare requirements.	100% of approved amount: 80% of approved amount for durable medical equipment.	Nothing for services; 20% of approved amount for durable medical equipment.
OUTPATIENT HOSPITAL TREATMENT Services for the diagnosis or treatment of an illness or injury.	Unlimited if medically necessary	Medicare payment to hospital based on hospital costs.	20% of billed amount (after \$100 deductible).*
BLOOD****	Unlimited if medically necessary.	80% of approved amount (after \$100 deductible and starting with 4th pint).	First 3 pints plus 20% of approved amount for additional pints (after \$100 deductible).****

- * Once you have had \$100 of expense for covered services, the Part B deductible does not apply to any other covered services you receive for the rest of the year.
- ** Federal law limits charges for physician services
- *** Part B pays for home health care only if you do not have Part A of Medicare.
- **** The 3 pint blood deductible (donated or paid for) can be met inpatient(Part A) or outpatient (Part B) and only is required once in a calendar year.